

Health Department, City of Baltimore.

Permit No. 231

Office of Registrar of Vital Statistics.

Ward

10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Peyton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years,

Months,

Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 636 Penn ally

Cause of Death, { First (Primary), Consumption
Second (Immediate), }

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, ~~sharp st~~

Date of Burial, June 7th '87

{ Undertaker Alex. Dowling }

{ Place of Business, 561 Orchard Address, 424 W. Greene St. }

F. B. Gardner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 232 Office of Registrar of Vital Statistics. Ward 8¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 6 - '88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses Ricks & Henrietta R. (parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 3 Days, 5

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1438 Morton Alley

Cause of Death, { First (Primary), Spasms Second (Immediate), — }

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 8th 1888 Alexander Hill, M. D.

{ Undertaker, Alex Hensley Medical Attendant.

{ Place of Business, 561 Orchard Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 233

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately and fully, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie GaleSex, ~~Male~~ Female, { cross out the word not required in this line. }Age, 5 Years, 5 Months, 0 Days.Color, BlackMarried, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }Occupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth.) } CityDuration of Residence in the City of Baltimore, LeftPlace of Death, { Give street and number } 514 Oxford St
Tubercular MeningitisCause of Death, { First, (Primary.) } Tubercular Meningitis
{ Second, (Immediate.) } about two weeksDuration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, GarrettDate of Burial, June 8 1887 Ira Z Fetterhoff M.D.
Medical Attendant.Undertaker, Alex KenneyPlace of Business, 56 Orchard St Address, 1419 Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 234 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 30th June 1887

Full Name of Deceased, Julia Heath Bullock { Write legibly and spell correctly. If an Infant, not named, give names of parents. }

Sex, Male or Female, { Cross out the word not } Female { required in this line. }

Age, 1 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not } Single { required in this line. }

Occupation, Wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 3020 Hudson

Cause of Death, { First (Primary), Cholera Second (Immediate), 3 days }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th 1887

Undertaker, Fred Gaede

Place of Business, 108 S. Carolina

C. J. Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 235**

Office of Registrar of Vital Statistics.

Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 6 in 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

H. Elizabeth Horner.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Sixty-six* Years, *three* Months, *twenty-one* Days.

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

during life.

Place of Death, { Give Street and Number. }

3 W. Lee St.

Cause of Death, {

First (Primary), *Enteritis*

Second (Immediate), *Exhaustion*

Duration of Last Sickness,

5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

R. J. H. Tall.

M. D.

Medical Attendant.

Date of Burial, *Wed. June 8*

Undertaker, *Armstrong & Son*

Place of Business, *Light & Montgomery*

Address, *524 Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

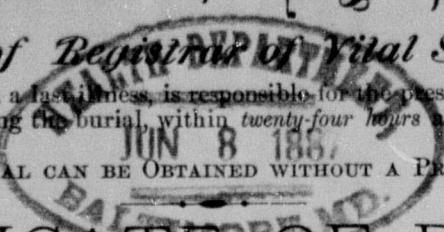
Permit No. A 230

Office of Registration of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



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CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Shavers

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 67 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Don't Know.

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick City Maryland.

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, { Give Street and Number. } Baltimore University Hospital Board of

Cause of Death, { First (Primary),
Second (Immediate), } Paroxysis -
exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the physician.

Place of Burial, Frederick City MD

Date of Burial, June 9th 1887

Undertaker, Deacon & Mitchell

Place of Business, 500 North Fayette Street

Address, 1209 John Street

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

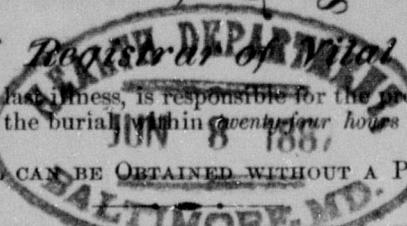
Permit No. A 237

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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D

CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Morgan mother's name Morris

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 1 1/2 days Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

115 W. Lombard St.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. }

115 W. Lombard St.

Cause of Death, { First (Primary), Second (Immediate), }

Premature Birth

Heart Failure

Duration of Last Sickness, 1 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Reserved

Date of Burial, For Anatomy

{ Undertaker, Final Bur }

{ Place of Business, House }

L. L. Blatto

M. D.

Medical Attendant.

Address, 115 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 238**

Office of Registrar of Vital Statistics.

Ward **8 1/4**

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **June 6th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **James Richard Williams**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **30** Years, **9** Months, **✓** Days.

Color, **Black**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City -

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } **1312 Fluter St**

Cause of Death, { First (Primary), Second (Immediate), }

Meningitis

Duration of Last Sickness, **8 days**

All the above information should be furnished by the Physician.

Place of Burial, **Govans Boro**

Date of Burial, **June 8th 1887**

A. M. Belford, M.D.

Medical Attendant.

Undertaker, **Oley Hensley**

Place of Business, **561 Orchard St.**

Address, 1010 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

Health Department, City of Baltimore.

Permit No. 239

Office of Registrar of Vital Statistics.

Ward 202

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

A. J. Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years, 7 Months, — DaysColor, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

BaltimoreDuration of Residence in the City of Baltimore, LifePlace of Death, { Give Street and Number. } 1426 W. LawrenceCause of Death, { First (Primary), Lentocytopenia, Second (Immediate), Exhaustion }Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, WestminsterDate of Burial, June 9th 1887R. H. Goldsmith M. D.

Medical Attendant.

Undertaker, Joe Young Jr.Place of Business, 1408 LawrenceAddress, Harlem Av. & Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

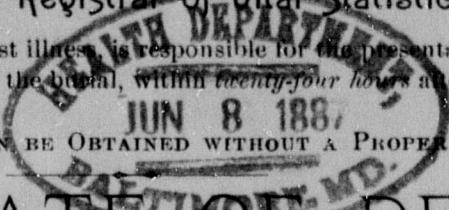
Permit No. **A 249**

Office of Registrar of Vital Statistics.

Ward **4**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **June 5th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Harriet Foreman**

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **60** Years, Months, **✓** Days.

Color, **Black**

Married, **Single**, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Port Deposit Md**

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } **53 East st**

Cause of Death, { First (Primary),
Second (Immediate). } **Coronary Disease**

Duration of Last Sickness, **6 months**

All the above information should be furnished by the Physician.

Place of Burial, **Lamont Cemetery**

Date of Burial, **June 7 1887**

Undertaker, **William A. Dugee**

Place of Business, **150 East st**

A. M. Bell

M. D.

Medical Attendant.

Address, **1010 Cathedral St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]